

# REQUEST FOR LABORATORY SERVICES (Cervical Cancer Screening)



Date of Request : \_\_\_\_\_

Requesting Doctor Name: _____	MCR no.: _____
Referred Clinic Address: _____ _____	
_____ <i>Requesting Doctor Name &amp; Signature or Clinic Stamp</i>	

<b>Laboratory Use Only</b>
Lab Accession number: _____
Affix barcode label (where applicable)
<b>Date, Time &amp; Received By (Initial):</b>
<b>Specimen Type &amp; Quantity Received:</b>

Name of Patient : \_\_\_\_\_

NRIC/Fin/PP no. : \_\_\_\_\_

Gender (circle) : Female / Male

Date of Birth : \_\_\_\_\_

Nationality : \_\_\_\_\_

**Test Name:**

- HPV Assay (Swab / SurePath / ThinPrep)
- Liquid Based Cytology# (SurePath / ThinPrep)
- HPV Assay and LBC# (SurePath / ThinPrep)

**Specimen Source:**

- Vagina
- Cervix/ Endocervix
- Endocervix
- Vulva
- Endometrium
- Other: \_\_\_\_\_

# Send Out Test

Specimen Taken by : \_\_\_\_\_ Date : \_\_\_\_\_ Time : \_\_\_\_\_

Clinical Summary : \_\_\_\_\_

**Cytology Request Details:**

**Clinical Info:**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Pregnant</li> <li><input type="checkbox"/> Post Partum</li> <li><input type="checkbox"/> Post Menopausal</li> <li><input type="checkbox"/> Hormone therapy (Contraception, Hormone Replacement)</li> <li><input type="checkbox"/> Discharge</li> <li><input type="checkbox"/> IUD</li> <li><input type="checkbox"/> Abnormal Bleeding</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Clinically High Risk</li> <li><input type="checkbox"/> Previous Cytology Result: _____</li> <li><input type="checkbox"/> Date of LMP: _____</li> <li><input type="checkbox"/> Others: _____</li> </ul> |
|--|--|

**History:**

- Previous Dysplasia
- Previous Carcinoma
- Radiation
- Chemotherapy
- Hysterectomy:
  - Complete
  - Supra Cervical
- DES Exposure
- Others: \_\_\_\_\_

*Instruction to Laboratory (Tick the appropriate box)*

**Reports**

- Send to clinic
- Others (specify)  \_\_\_\_\_

**Payment / Bill To:**

- Bill to clinic
- Bill to : \_\_\_\_\_

<b>Laboratory Use Only</b>
Communication Log: